

<b>Case Number:</b>	CM13-0048363		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in General Surgery, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old female who reported an injury on 6/4/09. The mechanism of injury was cumulative trauma. The patient has reflex sympathetic dystrophy syndrome, and bilateral arm, left leg, lower back, and left face pain. The patient was treated with physical therapy and medications. The patient was neurologically noted to have weakness in the bilateral hands, right greater than left, with associated allodynia.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**24 sessions of physical therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The California MTUS states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment. It is directed at controlling symptoms such as pain, inflammation and swelling, and can improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis, and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The patient was noted to have participated in prior physical therapy. There was lack of

documentation indicating the functional benefit received from prior physical therapy. Additionally, there was lack of documentation of an objective physical examination to support the ongoing physical therapy. The clinical documentation submitted for review failed to support the necessity for 24 sessions; this amount would be excessive. Additionally, the submitted request did not state which part of the body was to be treated with physical therapy. Given the above, the request is not certified.